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03/29/2004

DALE R. LOVERCHECK, DENTSPLY INTERNATIONAL INC. 570 West College Avenue York, PA 17405-0872

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				411604		(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/016,924	12/14/2001	Andrew M. Lichkus			TRU-2145	6916
TITLE OF INVENTION: D	ENTAL PRODUCT, KIT, S	SYSTEM AND MI	ETHOD			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	06/29/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
TENTONI, LEO B		1732		264-018000	*	
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Dale R. Lovercheck  2 James B. Bieber  3			
(A) NAME OF ASSIGN	an assignee is identified be	low, no assignee d submitted under se (E	ata will appe parate cover. B) RESIDENC	• • • • •	,	ate when an assignment has ignment.
Please check the appropriate		ries (will not be pr	inted on the p	patent); 🔾 individual 🗴	<b>K</b> corporation or other private g	roup entity 🚨 government
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
☑ Issue Fee			☐ A check in the amount of the fee(s) is enclosed.			
□ Publication Fee □ Payment by credit card. Form PTO-2038 is attached.  ☑ Advance Order - # of Copies 10 □ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 040.780 □ (enclose an extra copy of this form).						
Director for Patents is reque (Authorized Signature)	sted to apply the Issue Fee a	nd Publication Fee	(if any) or to	re-apply any previously paid	issue fee to the application ide	ntified above.

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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<u>James</u>

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